00564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location) 15 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARY CATHERINE BOYER

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 6/13/1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Individual cases
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hobbs
14. MOTHER'S MAIDEN NAME: Mary E. Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Preston Boyer Winchester, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial Failure	1 Mo.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	With Terminal Pneumonia	4 Days
	DUE TO		
	(c)	Hypertensive Cardio Vasc. dis	10 Yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis 10 "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1945, to 1/12, 1953, that I last saw the deceased alive on 11/12, 1953, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE J M Warren (DEGREE OR TITLE) MD ADDRESS Laurel DATE SIGNED 1/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/15/53
NAME OF CEMETERY OR CREMATORY Morgan Chapel
LOCATION (City, town, or county) (State) Woodbine, Md.
DATE REC'D BY LOCAL REG. 1/13/53
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00565

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shafers Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Friendship
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) BUCY (Last)

4. DATE OF DEATH: (Month) 1-21-53 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-20-78
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Cross
14. MOTHER'S MAIDEN NAME: Laura Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Herbert Cross, West Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X

Immediate cause (a) Bronchial pneumonia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Parkinson's Disease — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1952, to Jan 21, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 9 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ken A. Kochman, M.D. ADDRESS Ellicott City, Md. DATE SIGNED 1-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-23-52
NAME OF CEMETERY OR CREMATORY Mt. View
LOCATION (City, town, or county) (State) Alpha, Md.

DATE REC'D BY LOCAL REGISTRAR 1-21-53
REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L.
24. FUNERAL DIRECTOR Weer & Haight, Sykesville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1953
BUREAU V. S.

00566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge - Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge - Rural
STREET ADDRESS (If rural, give location) Waterloo

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) C. (Last) Burrows.
4. DATE OF DEATH (Month) Jan. (Day) 18th (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hsf.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. City, Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Frank Lewis Annen
14. MOTHER'S MAIDEN NAME Ella Moffatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Chas. H. Burrows, Elkridge - 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage è Hemiplegia	4 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Acute Myocardial Failure	18 day

334X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15th, 1953, to Jan. 18th, 1953, that I last saw the deceased alive on Jan. 18, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 1/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Rural
DATE THEREOF 1/21/53
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Jan 20, 1953
REGISTRAR'S SIGNATURE A. A. Hedrick gte
24. FUNERAL DIRECTOR J. Melville Jenkins ADDRESS 2713 Kirk Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00567

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton; LENGTH OF STAY (In this place) 88 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Isiah (Middle) Oliver (Last) Cross

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 2, 1865

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm helper

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rubin P. Cross

14. MOTHER'S MAIDEN NAME: Margaret Jane Cross (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Jesse J. Lewis, Fulton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute cardiac failure	3 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) chronic myocarditis	10 years
	(c) coronary artery arteriosclerosis	10 years

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1952, to Jan 3, 1953, that I last saw the deceased alive on Dec. 29 1952, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D.
Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: 1/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 1/6/53
NAME OF CEMETERY OR CREMATORY: St. Paul's Lutheran
LOCATION (City, town, or county) (State): Fulton, Maryland

DATE REC'D BY LOCAL REG. 1/5/53
REGISTRAR'S SIGNATURE: Marie A. Whitaker
Marie A. Whitaker

24. FUNERAL DIRECTOR: DeWitt Donaldson, Laurel, Maryland ADDRESS

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BUREAU V.

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00568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15
STREET ADDRESS (If rural, give location) 3729 Columbus Drive

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) (Last) Garonzik
4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 28, 1894
9. AGE last birthday ~~59~~ 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 2 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — years

(c)

443T

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional melancholia — 7 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952 to Jan 22, 1953, that I last saw the deceased alive on Jan 22, 1953, and that death occurred at 4:35 P m., from the causes and on the date stated above.

SIGNATURE Irving J. Taylor (Degree or title) M.D. ADDRESS Pinel Clinic, Ellicott City Md. DATE SIGNED Jan 22 '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-23-1953
NAME OF CEMETERY OR CREMATORY Beth Tfiloh
LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 1/23/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw PL ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Fells Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 25 Fells Ave.

3. NAME OF DECEASED: (Type or Print) (First) ALETHA (Middle) ERNESTINE (Last) KELLY

4. DATE OF DEATH: (Month) 1-16-53 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-7-1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days 9 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Kelly

14. MOTHER'S MAIDEN NAME: Lee Ellen Houston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mary Jane Houston, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) DUE TO Bronchopneumonia - Bilateral — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13 ..., 1953, to 1-16, 1953, that I last saw the deceased alive on 1-16, 1953, and that death occurred at 7.40 A.M., from the causes and on the date stated above.

SIGNATURE George E. Burgtorf M.D. (Degree of title) ADDRESS Ellicott City DATE SIGNED 1-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-19-53 — NAME OF CEMETERY OR CREMATORY: Western Star — LOCATION (City, town, or county) (State): Catonsville, Md

DATE REC'D BY LOCAL REGISTRAR: Jan. 18, 1953 — REGISTRAR'S SIGNATURE: John B. Langhaus

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbotham, Ellicott City, Md

207216423 Pur. B.E.L.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City | LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Malborough Apartments ✓

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Lauer
4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	May 19, 1860	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Baltimore Maryland	U.S.A.

13. FATHER'S NAME: Lewis Lauer
14. MOTHER'S MAIDEN NAME: Sara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Balti.,Md. Mr. Sidney Nyburg, 2414 Linden Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility — years

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4748

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obsessive Compulsive Neurosis — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1943, to Jan 9, 1953, that I last saw the deceased alive on Jan 9, 1953 and that death occurred at 10:30A. m., from the causes and on the date stated above.

SIGNATURE Irving Taylor M.D. (Degree or title) ADDRESS Pinel Clinic Ellicott City, Maryland DATE SIGNED Jan 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 11 1953	Har Sinia Cemetery	Erdman Ave, Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 10. 1953	F.W.S.	David R. Martin	1902 Eutaw Pl Balti.,Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City, Md.
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 10
STREET ADDRESS (If rural, give location): 114 Hawthorne Road ✓

3. NAME OF DECEASED (Type or Print): (First) Largaret (Middle) Jane (Last) Malone

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 19, 1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own Home

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Ritchie Farlow

14. MOTHER'S MAIDEN NAME: Hester Ann Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elliott Best 114 Hawthorne Rd. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	5 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	Years
	(c) Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis-agitated depression — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1953, to Jan. 19, 1953, that I last saw the deceased alive on Jan. 19, 1953, and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jerry Taylor M.D. ADDRESS: Pinel Clinic, Ellicott City, Md. DATE SIGNED: 1/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/22/53

NAME OF CEMETERY OR CREMATORY: Parsons Cemetery

LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG.: Jan. 19, 1953

REGISTRAR'S SIGNATURE: John B. Longhurst Pro. B. C. C.

24. FUNERAL DIRECTOR, ADDRESS: Easton Sons Ellicott City Md.

RECEIVED
JAN 27 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City (rural)
STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) G. (Last) MILLER

4. DATE OF DEATH (Month) Jan. (Day) 2 (Year) 53

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4-12-1908

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm Owner

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles S. Miller

14. MOTHER'S MAIDEN NAME Martha Markley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WW2

16. SOCIAL SECURITY No. ?

17. INFORMANT AND ADDRESS Ola S. Miller, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun Shot wound of head — INTERVAL BETWEEN ONSET AND DEATH 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Ellicott City (rural) (COUNTY) Howard (STATE) Md

TIME OF INJURY (Month) 1-2-53 (Day) (Year) (Hour) 6.45 Am.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self Inflicted 22 cal. rifle shot in mouth

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE George E Burgtorf M.D. (Degree or title) Deputy Medical Examiner for Howard County

ADDRESS Ellicott City, Md.

DATE SIGNED 1-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1-5-53

NAME OF CEMETERY OR CREMATORY National

LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Jan. 3, 1953

REGISTRAR'S SIGNATURE John B. Loughran Pu. B. E. L.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location) Baltimore, Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Randolph (Last) Murphy, Sr

4. DATE OF DEATH: (Month) January (Day) 7 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: January 3, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Scaggsville, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Randolph Murphy

14. MOTHER'S MAIDEN NAME: Barbara Elizabeth Sager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Wm R. Murphy, Jr. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Virus Infection	16 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Stroke, Left hemiplegia	6 Wks
	DUE TO (c)	Hypertensive Cardio-Vasc. Dis	4 Yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis 4 Yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1941, to 1/7, 1953, that I last saw the deceased alive on 1/7, 1953 and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE J M Warren (DEGREE OR TITLE) MD ADDRESS Laurel DATE SIGNED 1/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1/10/53

NAME OF CEMETERY OR CREMATORY St Pauls Lutheran

LOCATION (City, town, or county) (State) Fulton, Maryland

DATE REC'D BY LOCAL REG. 1/10/53

REGISTRAR'S SIGNATURE Frank Shipley,

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1946 Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) 1946 Railroad Ave

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) (Last) Ryan
4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/23/1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Mother Hassan
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. Frank E. Ryan 1946 Railroad Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uraemia — Interval Between Onset And Death 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio-sclerosis 3 yrs.

DUE TO (c) Chr. Interstitial Nephritis 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16th 1953, to Jan. 24th 1953 that I last saw the deceased alive on Jan. 23rd 1953, and that death occurred at 12:10 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 1/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 1/27/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) 3801 Fred Ave (State)
DATE REC'D BY LOCAL REGISTRAR Jan 26 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John J. Cowan Son 90 ADDRESS Holmes St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Howard
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
   LENGTH OF STAY (in this place): MARYLAND
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: New Cut Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Howard
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
   STREET ADDRESS (If rural give location): New Cut Road

3. NAME OF DECEASED: (First) HATTIE (Middle) (Last) SHIPLEY

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 3, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-1-1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Leesburg Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Willard Maraskey, Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-Vascular Disease 5 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

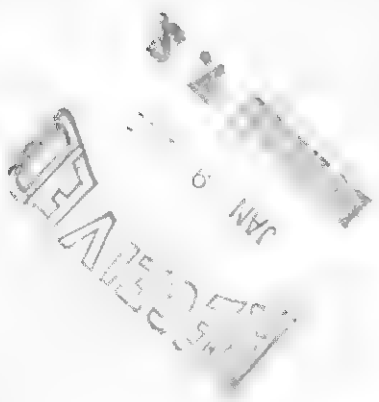
22. I hereby certify that I attended the deceased from 12-27, 1952, to 1-2, 1953, that I last saw the deceased alive on 1-2, 1952, and that death occurred at 8.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Burgtorf M.D. ADDRESS: Ellicott City, Md DATE SIGNED: 3-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-7-1953
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 6, 1953
REGISTRAR'S SIGNATURE: Jno. B. Loughran. (Reg. B. C. L.)

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE — LENGTH OF STAY (in this place): 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2117 CHURCH AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE MD
STREET ADDRESS (If rural, give location): 1500 MOSHER ST

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) SPENCER JR

4. DATE OF DEATH: (Month) JAN (Day) 31 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	WIDOWED	5 Dec. 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	IRON FOUNDRY	Virginia	USA

13. FATHER'S NAME: ROBERT SPENCER SR

14. MOTHER'S MAIDEN NAME: ALICE MORTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	216-05-2612A	NANCY WIGGINS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

Immediate cause (a) HEART FAILURE — Interval between onset and death: 1 YR

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEOSIS

(c) ARICULLAR FIBRILLATION

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL THROMBOSIS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from NOV, 1952, to 31 JAN, 1953, that I last saw the deceased alive on 27 JAN, 1953, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George E. Graham	MD	Elkridge md	31 JAN 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/4/1953	St Mary's Cem	Relko Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-3-53		Mrs Kate R. Williams	Ilchester Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rockland)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Old Frederick Road (Rockland)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) STREAKER

4. DATE OF DEATH: (Month) (Day) (Year) 1-22-1953 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-28-1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Streaker

14. MOTHER'S MAIDEN NAME: Julia Gosnell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: ?

17. INFORMANT & ADDRESS: Edwin Streaker, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.2.1

Immediate cause (a) DUE TO Coronary Thrombosis — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Arteriosclerotic Cardio-Vascular Disease — 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1948, to Jan 22, 1953, that I last saw the deceased alive on Jan 22, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE William F. Jassaury (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 1/23/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-25-53 NAME OF CEMETERY OR CREMATORY Good Shepherd LOCATION (City, town, or county) Ellicott City, Md. (State) ADDRESS

DATE REC'D BY LOCAL REGISTRAR Jan. 24, 1953 REGISTRAR'S SIGNATURE John B. Longhran. Reg. B.C.L.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.

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JAN 27 1953
BUREAU V

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If any item is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00578

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA COUNTY CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKRIDGE — LENGTH OF STAY (in this place) 2 WKS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODFORD
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6201 WASH. BLVD	STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BETTIE	THOMAS SNELL	VAUGHAN	JAN	10	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	W (WIDOWED)	7 AUG. 1872	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		VIRGINIA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS CATLETT THOMAS	BIRTIE TAYLOR THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	TAYLOR B. SNELL (SON) 6201 WASH. BLVD ELK. MD

II. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY & HYPERTENIVE HEART FAILURE	2 YRS
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENION, RENAL DISEASE	
	(c) ARTERIOSCLEOSIS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 26 DEC., 1952, to 10 JAN, 1953, that I last saw the deceased alive on 9 JAN., 1953, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE George E. Gideon (Degree or title) M.D. ADDRESS Elkridge Md DATE SIGNED 10 JAN 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	January 12, 1953	Bethel Baptist Church	Woodford Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 10, 1953	Mildred L. Bruce Williams	Manns Funeral Home	Bowling Green, Virginia

RECEIVED
JAN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01026

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 256 West Main

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Viola (Last) Whetzel
4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1953
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 4 - 1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Stripper
10b. KIND OF BUSINESS OR INDUSTRY: Paper Box Mill
11. BIRTHPLACE (State or foreign country): Mathias, W. Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Dove
14. MOTHER'S MAIDEN NAME: Lilly Wilkens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 218-16-1417
17. INFORMANT & ADDRESS: Gladys Whetzel - 256 W. Main St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma, left lung — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — —

DUE TO

(c) Carcinoma, left lung — 6 months.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952, to Jan 28, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.
SIGNATURE William F. Tarsaway (Degree or title) M.D. ADDRESS Ellicott City, Md DATE SIGNED 1/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 1-1953
NAME OF CEMETERY OR CREMATORY Lisbon
LOCATION (City, town, or county) Lisbon (State) Md
DATE REC'D BY LOCAL REGISTRAR Jan. 30, 1953
REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L.
24. FUNERAL DIRECTOR F. C. Higinbotham ADDRESS Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6
BUREAU V. S.